

Amendment No. 1 to SB1889

Crowe  
Signature of Sponsor

**AMEND Senate Bill No. 1889\***

**House Bill No. 2674**

by deleting all language after the caption and substituting the following:

WHEREAS, families caring for a loved one with Alzheimer's or related dementia at home are often burdened with the excessive financial and personal costs of providing continuous care; and

WHEREAS, over half a million Tennesseans are directly affected by Alzheimer's and related dementia according to the Alzheimer's Association 2019 Facts and Figures report, which stated that 439,000 family caregivers across Tennessee provided 500 million hours of unpaid care valued at over six billion dollars; and

WHEREAS, Medicare does not pay for long-term care or provide support to family caregivers; and

WHEREAS, long-term care insurance is costly and may not be affordable to low- and middle-income families and may not cover essential services for the length of time needed for an Alzheimer's patient; and

WHEREAS, providing respite and other care services to those with Alzheimer's may delay or supplant the need for transfer to a long-term skilled nursing facility, allowing for the individual with Alzheimer's to remain in their home environment; and

WHEREAS, this act is named in memory of Retired Colonel Thomas G. Bowden, who was born and raised in Tullahoma and was a Distinguished Military Graduate of MTSU. Colonel Bowden dedicated twenty-six years of service to the United States Army. A graduate of the Army War College, he was a former commander of over 900 soldiers with responsibility for thirty-six Pershing II missile launchers with assigned nuclear capable missiles. Colonel Bowden

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served two assignments at the Pentagon and commanded at the brigade level. Colonel Bowden was diagnosed with Alzheimer's disease at age sixty-three and lost his life to the disease at age sixty-eight; and

WHEREAS, this act shall serve as a testament to Colonel Bowden's life, as well as a tribute to the loving care provided by his wife of forty-six years, Barbara; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be known as the "Colonel Thomas G. Bowden Act."

SECTION 2. Tennessee Code Annotated, Section 71-2-105, is amended by adding the following as a new subsection (e):

(1) As used in this subsection (e):

(A) "Alzheimer's disease or related dementia" means the diseases and conditions characterized by a decline in memory, language, problem-solving, and other thinking skills that affect an individual's ability to perform everyday activities;

(B) "Home- and community-based services" means services supporting personal hygiene, toileting, dressing, maintaining personal appearance, meal delivery, homemaker services, or respite care;

(C) "Informal caregiver" means any spouse, adult child, relative, or friend, who provides unpaid home- and community-based services to an individual in the individual's home who suffers from Alzheimer's disease or related dementia;

(D) "Program" means the OPTIONS for dementia care program created by this subsection (e); and

(E) "Respite care":

(i) Means temporary, substitute support or living arrangements to provide a brief period of relief or rest for caregivers; and

(ii) May include in-home care by appropriately trained individuals, care in an adult day care, assisted living, or nursing home setting for an intermittent, occasional, or emergency basis.

(2)

(A) There is created a pilot program within the commission known as the OPTIONS for dementia care program to provide home- and community-based services.

(B) The program shall:

(i) Provide home- and community-based services for the sole benefit of individuals experiencing symptoms of Alzheimer's disease or related dementia;

(ii) Be operated as a part of the current state-funded OPTIONS program;

(iii) Be operated from July 1, 2020, to January 1, 2024;

(iv) Begin enrolling individuals no later than July 1, 2020, and offering services no later than January 1, 2021;

(v) Actively serve the following number of enrollees:

(a) For 2021, up to one hundred fifty (150); and

(b) For 2022 and 2023, at least one hundred fifty (150);

(vi) Give priority for enrollment to those individuals on the wait list for the current state-funded OPTIONS program as of the effective date of this act; and

(vii) Be composed of the following two (2) tiers based on a sliding fee scale and exclude any individual with Alzheimer's disease or related dementia who is eligible for long-term care services under the Medical Assistance Act of 1968, compiled in chapter 5, part 1 of this title:

(a) Tier 1 is designed to provide services to those applicants with an income level that does not permit personal financing of caregiver services; and

(b) Tier 2 is designed to provide services to those applicants with an income level that allows for cost-sharing of services between the applicant and the program.

(3) The commission shall submit a written report no later than January 15, 2021, and each January 15 thereafter until the close of the pilot period, to the health and welfare committee of the senate and the health committee of the house of representatives on the status of the program. The report must include the following:

(A) The total funds spent on the program;

(B) The amount of administrative costs to operate the program;

(C) The number of individuals and informal caregivers served by the program;

(D) The income ranges of the individuals and informal caregivers served by the program; and

(E) The efficacy of the program.

(4) This subsection (e) does not create an entitlement to services through the program, and the services provided and the number of individuals served by the program are subject to appropriations by the general assembly.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring

it.